

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000075194

Entity Name: ANGELIC MASSAGE, LLC

Current Principal Place of Business:

9064 COLLINS AVE
SURFSIDE, FL 33154

Current Mailing Address:

PO BOX 613143
NORTH MIAMI, FL 33261 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CELI, ANGELA L
9064 COLLINS AVE
SURFSIDE, FL 33154 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title OWNER
Name CELI, ANGELA
Address 9064 COLLINS AVE
City-State-Zip: SURFSIDE FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA CELI

OWNER

04/08/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date